

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033886

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 984

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Butlerb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Arkansas b. COUNTY Randolphc. CITY
OR TOWN ReynoInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☒ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF DEATH

Month

Day

Year

WILLIAM

RUE

BRYANT

September 2, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

8/3/1913

9. AGE (last birthday)

49

IF UNDER 1 YEAR
Months 29IF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired Bus Driver

10b. KIND OF BUSINESS OR INDUSTRY

Chaffeur

11. BIRTHPLACE (City and state or country)

Brockett, Arkansas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Gus Bryant

13b. MOTHER'S MAIDEN NAME

Mattie Johnson

14. NAME OF HUSBAND OR WIFE

Divorced.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

Yes

WW 2

17. INFORMANT

Address

Walter Bryant, Neelyville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for two or more causes)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Internal hemorrhage

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Knife stab wounds, chest and

DUE TO (c)

abdominal cavities

30 minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Stabbed with a knife

20c. TIME OF
INJURY

Hour

Month, Day, Year

about 3:00 p.m.

9-2-62

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Country road

20f. CITY, TOWN, OR LOCATION

Poplar Bluff Twp. Butler

COUNTY

STATE

Mo

21. I attended the deceased from _____, to _____ and last saw him/her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Glover A. Greer Coroner

22b. ADDRESS

Poplar Bluff, Mo.

22c. DATE SIGNED

9/5-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

9/3/1962

23c. NAME OF CEMETERY OR CREMATORY

Pocahontas

23d. LOCATION (City, town, or county)

Pocahontas, Arkansas.

24. FUNERAL DIRECTOR

ADDRESS

Frank Cotrell Chapel, Poplar Bluff, Mo. 9-11-1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Glover A. Greer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6120

28030

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9982X

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1291-3

13 1-0

VS SEP 18 1962

SEP 26 1962

SEP 19 1962

NOV 14 1962

SEP 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edgar W. Laffoon

Licensed Embalmer No. 2394

P. O. Address Poplar Bluff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.